COMMENTS OF THE AMERICAN DENTAL ASSOCIATION

TO

THE FEDERAL TRADE COMMISSION

REGARDING

"REVIEW OF REGULATIONS IMPLEMENTING THE COMPREHENSIVE SMOKELESS TOBACCO HEALTH EDUCATION ACT OF 1986"

65 Fed. Reg. 26534

16 CFR Part 307

July 21, 2000

Introduction

These comments from the American Dental Association (ADA or Association) are in response to a request for comment from the Federal Trade Commission, 65 Fed. Reg. 26534, dated May 8, 2000 regarding 16 CFR Part 307. The ADA is a professional organization that represents more than 144,000 licensed dentists in the United States. The ADA seeks to advance the art and science of dentistry, and to promote high-quality dental care and the oral health of the American public.

In the request, the Commission has solicited public comment on its regulations implementing the Comprehensive Smokeless Tobacco Health Education Act of 1986. These regulations set forth the manner in which smokeless tobacco manufacturers,

importers, and packagers must display and rotate the three health warnings mandated by the Smokeless Tobacco Act.

Specifically, the Commission is requesting comments about the overall costs and benefits of the regulations and their overall regulatory and economic impact. The Commission is also requesting comment on whether the regulations adequately implement the format and display requirements of the Smokeless Tobacco Act and for comment on several other issues relating to specific provisions of the regulations.

The Association believes that the regulations on tobacco warning labels play an important role in protecting public health. The Association has a long history of policies and programs designed to educate the public and the profession about the dangers of tobacco use.

ADA Comments

Need for the Regulations As Currently Promulgated

The Agency requests comment on whether there is a continuing need for regulations that implement the Comprehensive Smokeless Tobacco Health and Education Act of 1986.

The Association believes that it is imperative, above all, to warn the public about adverse health effects caused by spit (smokeless) tobacco. Mandated tobacco warnings are a

practical way to convey information on the dangers of tobacco to large numbers of users and potential users, especially adolescents. As the Agency is well aware, spit tobacco is highly addictive and the National Institute of Environmental Health Sciences' Report on Carcinogens (9th Edition) lists spit tobacco as a known carcinogen.

Every day our members see first hand the devastating effects spit tobacco use has on the teeth and oral tissues, including cancerous and pre-cancerous lesions, periodontal disease and tooth abrasion. Spit tobacco also greatly increases risk for cardiovascular disease (CVD), another health burden in our country. A large 1994 study from Sweden showed that regular use of spit tobacco more than doubled the risk of CVD and death¹.

Association policies support strong warning labels as one way to discourage children and adolescents from using tobacco. The rise in the use of spit tobacco products by adolescents over the last two decades is alarming. Current data suggests that each year, more than 800,000 young people in the United States between 11 and 19 years of age experiment with spit tobacco, nearly one third of whom become regular users.²

Bolinder G, Alfredsson L, Englund A, deFaire U. Smokeless tobacco use and increased cardiovascular mortality among Swedish construction workers. American Journal of Public Health 84(3):339-404, 1994.

Tomar SL, Giovino GA. Incidence and predictors of smokeless tobacco use among US youth. American Journal of Public Health 88(1):20-26, 1998.

Effect of the Regulations on the General Public

The Agency asks for data bearing on the effectiveness of the warning requirements.

The Association is aware that there has been virtually no research conducted in the U.S. on efficacy of warning labels, but that such research is underway by Dr. Gregory Connolly of the Massachusetts Department of Public Health. We respectfully request that the Agency use solid science in determining what is appropriate for print ads and warning labels and not make arbitrary decisions.

Research findings from Canada and Australia have documented that larger warnings positioned on the upper front of surface of cigarette packages are more noticeable and legible and may reduce the attractiveness of the package to adolescents.³ Canada and Australia have recently implemented new warnings for all tobacco products that are printed in black and white and occupy 50 percent and 25 percent of the package front panel, respectively. Both nations conducted extensive research and testing prior to implementing the new warnings requirements, and studies to date indicate that the Australian warnings are more effective.^{4,5}

³ Centre for Behavioural Research in Cancer (CBRC). *Health Warnings and Contents Labeling on Tobacco Products*. Melbourne, Australia: Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria; 1992 (Papers 9, 10, 13).

Borland R. Tobacco health warnings and smoking-related cognitions and behaviours. Addition 92(11):1427-1435, 1997.

Borland R, Hill D. Initial impact of the new Australian tobacco health warnings on knowledge and beliefs. Tobacco Control 6:317-325, 1987a.

A full elucidation of these and other data will be provided to the Agency in comments provided via a review of the literature conducted by Dr. Gregory Connolly of the Massachusetts Department of Public Health.

Changes to the Regulations to Increase the Benefits to the General Public

The Agency asks if changes should be made to the current regulations.

The Association strongly urges that, until there are U.S. data available on effectiveness of warning labels, the Agency should take action consistent with what Canada and Australia have done. That is, to make spit tobacco warning labels much larger, so that they occupy at least 25% of the front of the package and are printed in black and white.